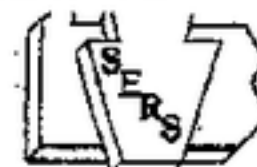




COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
TELEPHONE: 1-800-633-5481



RECEIVED
STATE EMPLOYEES'
RETIREMENT SYSTEM

MAR 30 12 03 PM '01

SS#

SERS USE ONLY

DOR 01/03/2001

F.O. 7

◆ APPLICATION FOR ANNUITY ◆

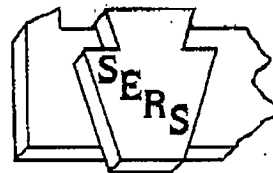
PART A <i>PM 3/30/01</i> MEMBER INFORMATION	
NAME: (FIRST) (MIDDLE) (LAST) TODD R PLATTS	DATE OF BIRTH (ATTACH DOCUMENTATION) [REDACTED]
1911 E MARKET STREET	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
YORK PA 17402	LAST EMPLOYING AGENCY/DEPARTMENT House of Representatives
CITY: STATE: ZIP: PHONE: DATE OF TERMINATION:	
717-757-5878	01/02/2001

PART B WITHDRAWAL OPTION WITHDRAWAL OF CONTRIBUTIONS AND INTEREST	
SECTION 1: DO YOU WANT TO WITHDRAW ANY MONEY? (Check one box below) <input checked="" type="checkbox"/> YES , complete Sections 2, 3, 5, 6 and 4 if necessary <input type="checkbox"/> NO , skip to Section 6	
SECTION 2: I ELECT A LUMP SUM PAYMENT(S) FROM MY CONTRIBUTIONS AND INTEREST AS FOLLOWS: CHECK ONLY ONE BOX IN THIS SECTION <input checked="" type="checkbox"/> ALL CONTRIBUTIONS AND INTEREST <input type="checkbox"/> ALL PRE 1987 PREVIOUSLY TAXED CONTRIBUTIONS <input type="checkbox"/> \$ _____ OF CONTRIBUTIONS AND INTEREST	SECTION 3: I WISH TO RECEIVE MY LUMP SUM PAYMENT(S) AS FOLLOWS: CHECK ONLY ONE BOX IN THIS SECTION <input checked="" type="checkbox"/> ONE LUMP SUM PAYMENT WITH MY INITIAL ANNUITY PAYMENT <input type="checkbox"/> IN _____ INSTALLMENTS (LIMIT 4) TO BE PAID AS FOLLOWS: 1. _____ 3. _____ AMOUNT/PERCENT MO DAY YR AMOUNT/PERCENT MO YR 2. _____ 4. _____ AMOUNT/PERCENT MO YR AMOUNT/PERCENT MO YR
SECTION 4: SPECIAL INSTRUCTIONS	
SECTION 5: ROLLOVER OF TAXABLE LUMP SUM PAYMENT(S) <input checked="" type="checkbox"/> YES, I ELECT TO HAVE ALL OR PART OF MY TAXABLE CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND WILL SUBMIT A COMPLETED SERS-254 FORM. <input type="checkbox"/> NO, I DO NOT ELECT TO HAVE MY TAXABLE CONTRIBUTIONS AND INTEREST DIRECTLY TRANSFERRED AND I UNDERSTAND THE TAX CONSEQUENCES.	
SECTION 6: MEMBER SIGNATURE: <i>Todd R. Platts</i>	



RECEIVED
STATE EMPLOYEES'
RETIREMENT SYSTEM

MAR 30 12 03 PM '01

COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
HARRISBURG REGIONAL COUNSELING CENTER
30 NORTH THIRD STREET, ROOM 319
HARRISBURG, PA 17101
717-783-9065
1-800-633-5461
FAX: 717-783-9599

HARRISBURG, PA

Becky Farling
House of Representatives

I, TODD R PLATTS, have completed regular retirement papers with 10.1652
years of credited state service.

My termination date will be 01/02/2001. My retirement date will be 01/03/2001.

I have been directed to my agency human resource office and/or employee benefits coordinator for information about leave payments, final pay transactions, and health benefits (if applicable).

I authorize SERS to provide this notification to my agency.

Signature

Todd R. PlattsSocial Security
Number[REDACTED]

Date

3/30/01

FOR SERS USE

☐ Seneca
814-437-4403☐ Pittsburgh
412-565-5302☐ State College
814-863-6505☐ Montoursville
717-368-5680☐ Hazleton
717-459-3965☐ Bensalem
215-244-0798☒ Harrisburg
717-783-9065

SERS Counselor: K KRAMER

Date mailed to agency 3/30Clerical Initials PLM

FROM :

FAX NO. :

Apr. 19 2013 6:03PM P2

FEDERAL
EMPLOYEES
HEALTH BENEFITS

FEHB
PAYMENT COUPON

COUPON NUMBER

2

Period of Coverage

05/01/2013-05/31/2013

Name of FEHB Plan

BLUE CROSS AND BLUE SHIELD

Enrollment
Code

105

Date Payment Due	Amount Due	Enter Amount Paid
05/01/2013	\$1,381.45	\$

Account Number:



PLATTS, TODD R
1240 OAKDALE DR
YORK PA 17403-4488
FORM DPRS-1 (Revised 8/07)

FORM DPRS-1 (Revised 8/07)

Please make your check payable to:
National Finance Center
Include your Account number on
the check. Mail check with this coupon to:

USDA, National Finance Center
DPRS Collections
P.O. Box 790341
St. Louis, MO 63179-0341